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## APPLICANTS

Roger Dahl, Andover, MN;

*reified KOM*

\*\* CONTINUING DATA \*\*\*\*\*

*none KOM*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none KOM*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/04/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR  COUNTRY MN	SHEETS  DRAWING 6	TOTAL  CLAIMS 29	INDEPENDENT  CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged <i>KOM</i> Examiner's Signature	Initials <i>KOM</i>		

## ADDRESS

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## TITLE

*KOM 2/2/06 per REM 1-24-06*  
~~Coronary defibrillating apparatus and method~~ *System and Method of Cardiac Stimulation at Oblique Vein*

FILING FEE  RECEIVED 1032	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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